IPDR6702	08/19/2007		Thi	NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT	1	P.F	GE: 1	
RUN DAIE:	08/19/2007			CHECKWRITE DATE: 08/23/2007				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8800	65	FURTHER PROCESSING NECESSARY,				
	H/DD/SAS			PLEASE CHECK FOR CLAIM ON				
	11/00/010			FUTURE RA'S.				
		8505	31	CLAIM DENIED DUE TO INSUFFICIE	C	101	135	34
				NT BUDGET				
		8599	2	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8654	36	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR				
	DS LME			APPROVAL. PLEASE CORRECT THE				
		27	23	DIAGNOSIS CODE MISSING OR INVA	C	123	5779	5656
				LID. VERIFY AND ENTER THE				
		<u> </u>		CORRECT DIAGNOSIS CODE AND SUB		1		
	1	11	18	CLIENT NOT ELIGIBLE ON SERVICE	1			
	1	11	10	CLIENT NOT ELIGIBLE ON SERVICE DATE	+			
	1				+			
		1						
3404910	PATHWAYS	11	76	CLIENT NOT ELIGIBLE ON SERVICE	<u> </u>			
	1			DATE				
	1				1	-		
		5308	72	PRIOR AUTHORIZED UNITS EXCEEDE		205	4074	2000
	+			D D	1 3	306	4074	3768
		8536	58	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404912	CATAWBA COUNTYM	8599	38	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
	munu mmun			BENEFIT PACKAGE.				
		8536	8	ATTENDING PROVIDER TYPE AND SP	0	55	2305	2250
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				VARID FOR SUBMITTED BIBLING PR				
		79	7	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404913	MECKLENBURG COM	8505	3409	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NI BODGEI				
	1				T			
	1	8800	383	FURTHER PROCESSING NECESSARY,	0	3989	4224	235
				PLEASE CHECK FOR CLAIM ON				
	1	1		FUTURE RA'S.				
	1	8599	64	DETAIL NOT COVERED BY COMBINAT	+			
	1			ION OF RECIPIENT, PROVIDER AND	+			
	1			BENEFIT PACKAGE.	1			
3404916	CROSSROADS BEHA	8537	86	PROCEDURE IS NOT PAYABLE FOR Y				
	VIORAL HEAL			OUR PROVIDER TYPE AND	1			
	+			SPECIALTY IN ACCORDANCE TO MEN				
	1	79	20	THIS SERVICE IS NOT PAYABLE TO	0	144	5204	5060
	1			YOUR SUBMITTED BILLING		144	3204	5000
				PROVIDER TYPE AND SPECIALTY IN				
		101	12					
	1	191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	+			
		1		A AMILENI MAPIE				
	1							
3404917	CENTERPOINT HUM	11	149	CLIENT NOT ELIGIBLE ON SERVICE	1			
	AN SERVICES			DATE	1			
	1	0500	70	DESIGNATION OF COMPANY OF COMPANY	1			
	1	8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	289	2412	2123
	1	-		BENEFIT PACKAGE.	 			
	1				+			
	1	79	24	THIS SERVICE IS NOT PAYABLE TO	1	1		
		, ,	~ -					
		,,		YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

Marche March Mar			ı		T	1		ı	
STATEST STAT	OVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
WILDER CO. WIL					DESCRIPTION				CLAIMS PAID
15. MONOTHER 15. MONOTHER PROPERTIES HERCHARDS 1. SAND 1.									
1800 1800			8505	4425					
	T	AL HEALTHC			NT BUDGET				
			8800	638		0	5189	6627	1438
1597 15 15 15 15 15 15 15 1									
100 OF RECEIVED. 100 OF RECE					FUTURE RA'S.				
MARCH 1	-		8599	79	DETAIL NOT COVERED BY COMBINAT				
ALMONIC COMMENT ALMONIC CO									
AMAZINA MILE					BENEFIT PACKAGE.				
AMAZINA MILE	14920	AT AMANOR OLOURY	21	527	DUPLICATE OF CLAIM-SYSTEM				
		EDUCATED CHONDS	***	327	DOLLIGHT OF CENTER STOTEM				
MARROW PLANE CREATE THE									
MARROW PLANE CREATE THE									
			8654	200		3	962	4500	3538
1444 13									-
07/2008/100/000/000 05/2008/100/000 05/2008/100/000 05/2008/100/000 05/2008/100/000 05/2008/100/000 05/2008/100/000 05/2008/100/000 05/2008/100/000 05/2008/100/000/000 05/2008/100/000/000/000 05/2008/100/000/000/000/000/000/000/000/000/									
1444921 NATION AMAN			5404	51					
SATION AREA					OV/PCODE/TOS/DOS/MOD				
SATION AREA									
MATION AREA)4921 o	DRANGE PERSON C	8599	60	DETAIL NOT COVERED BY COMBINAT				
143 14 15 15 15 15 15 15 15									
CELLIFY COMPANION 1 18 NOT		-		_	BENEFIT PACKAGE.				
SELLATY COMBINATION 15 NOT	\longrightarrow		8536	5.4	ATTENDING PROVIDER TYPE AND OR				
143 143 143 143 144			0.30	, .		0	229	3086	2857
1405922 THE DUBLAM CENT 0			143	31					
SE					ELIGIBILIT FILE				
SE									
0 0 0 0 0 0 0 0 0 0			0	0	*** NO DATA TO REPORT ***				
190 195	E	ŝR.							
190 195									
NT BUDGET			0	0		0	0	5	5
NT BUDGET									
NT BUDGET	24002		0505	3.05	AT A THE PROPERTY OF THE PROPE				
	14923 F:	IVE COUNTY MH	8505	195					
PLEADE CHICK FOR CLAIM ON FUTURE RAYS. 11 30 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404925 SAMDHILLS CENTE 8595 8681 CLAIM DENIED DUE TO INSUFFICIE R FOR MI/DD 8800 495 FURTHER PROCESSING NECESSARY, 19 9520 10 PUTURE RAYS. PUTURE RAYS. 12 PUTURE RAYS. 13 PUTURE RAYS. 14 PUTURE RAYS. 15 PUTURE RAYS. 16 PUTURE RAYS. 17 PUTURE RAYS. 18 PUTURE RAYS. 19 9520 10 10 PUTURE RAYS. 10 PUTURE RAYS. 11 PS520 10 11 PUTURE RAYS. 12 PUTURE RAYS. 13 PUTURE RAYS. 14 PUTURE RAYS. 15 PUTURE RAYS. 16 PUTURE RAYS. 17 PUTURE RAYS. 18 PUTURE RAYS. 19 9520 10 10 PUTURE RAYS.	-				11 20001				
PLEADE CHICK FOR CLAIM ON FUTURE RAYS. 11 30 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404925 SAMDHILLS CENTE 8595 8681 CLAIM DENIED DUE TO INSUFFICIE R FOR MI/DD 8800 495 FURTHER PROCESSING NECESSARY, 19 9520 10 PUTURE RAYS. PUTURE RAYS. 12 PUTURE RAYS. 13 PUTURE RAYS. 14 PUTURE RAYS. 15 PUTURE RAYS. 16 PUTURE RAYS. 17 PUTURE RAYS. 18 PUTURE RAYS. 19 9520 10 10 PUTURE RAYS. 10 PUTURE RAYS. 11 PS520 10 11 PUTURE RAYS. 12 PUTURE RAYS. 13 PUTURE RAYS. 14 PUTURE RAYS. 15 PUTURE RAYS. 16 PUTURE RAYS. 17 PUTURE RAYS. 18 PUTURE RAYS. 19 9520 10 10 PUTURE RAYS.									
			8800	55		0	326	1741	1415
11 30 CLIENT NOT ELIGIBLE ON SERVICE									
DATE					FOTORE RA 3.				
3404925 SANDRILLS CENTE 8505 8681 CLAIM DENIED DUE TO INSUFFICIE 8 FOR MH/DD 8 SOU 9 PURISHER PROCESSING NECESSARY, 19 9520 1(10 FULUE RA'S. 10 DETAIL NOT COVERED BY COMBINAT 10 SEMEFIT PACKAGE. 10 SOUTHEASTEEN RE 21 2865 DUPLICATE OF CLAIM-SYSTEM 10 SEMENTAL HL 10 SEMENTAL			11	30	CLIENT NOT ELIGIBLE ON SERVICE				
R FOR MH/DD NT BUDGET					DATE				
R FOR MH/DD 8800 495 FURTHER PROCESSING NECESSARY, 19 9520 10 FUTURE RA'S. 8599 82 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND 8699 82 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND 8600 8599 82 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND 8600 8599 82 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND 8600 8500 8500 8500 8500 8500 8500 8500									
R FOR MH/DD NT BUDGET	04925 e	CANDUTTIC CONTO	8505	8681	CLAIM DENIED DUE TO INSUFFICIE				
PLEASE CHECK FOR CLAIM ON FUTURE RA'S.									
PLEASE CHECK FOR CLAIM ON FUTURE RA'S.		-	0000	405	PURPOSED PROGRAMA MEGASARY				
FUTURE RA'S.			0000	לעד		19	9520	10299	779
8599 82 DETAIL NOT COVERED BY COMBINAT 10N OF RECIPIENT, PROVIDER AND 10N OF RECIPIENT, PROVIDER AND 1404926 SOUTHEASTERN RE 21 2865 DUPLICATE OF CLAIM-SYSTEM 2865 2865 DUPLICATE OF CLAIM-SYSTEM 2865 2865 DUPLICATE OF CLAIM-SYSTEM 2866 286									
ION OF RECIPIENT, PROVIDER AND									
SENEFIT PACKAGE.			8599	82					
SA04926 SOUTHEASTERN RE 21 2865 DUPLICATE OF CLAIM-SYSTEM									
Second State Seco									
G MENTAL HL)4926 S ^r	SOUTHEASTERN RE	21	2865	DUPLICATE OF CLAIM-SYSTEM				
ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND			8599	224	DETAIL NOT COVERED BY COMBINAT	3.5	3504	5070	1546
BENEFIT PACKAGE.			1	-		35	3524	5070	1546
ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR 3404927 CUMBERLAND CO M 11 103 CLIENT NOT ELIGIBLE ON SERVICE HC DATE 5599 94 DETAIL NOT COVERED BY COMBINAT 0 235 1 ION OF RECIPIENT, PROVIDER AND									
ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR 3404927 CUMBERLAND CO M 11 1.03 CLIENT NOT ELIGIBLE ON SERVICE HC DATE B599 84 DETAIL NOT COVERED BY COMBINAT 0 235 1 ION OF RECIPIENT, PROVIDER AND		-	0525	-					
VALID FOR SUBMITTED BILLING PR 3404927 CUMBERLAND CO M 11 103 CLIENT NOT ELIGIBLE ON SERVICE HC DATE B599 94 DETAIL NOT COVERED BY COMBINAT 0 235 1			8536	89					
3404927 CUMBERLAND CO M 11 103 CLIENT NOT ELIGIBLE ON SERVICE HC DATE B599 84 DETAIL NOT COVERED BY COMBINAT 0 235 1	-								
HC	-								
8599 84 DETAIL NOT COVERED BY COMBINAT 0 235 1			11	103					
ION OF RECIPIENT, PROVIDER AND	H	ic			DATE				
ION OF RECIPIENT, PROVIDER AND	-+								
ION OF RECIPIENT, PROVIDER AND			8599	84	DETAIL NOT COVERED BY COMBINAT	0	235	1732	1497
BENEFIT PACKAGE.									
		-			BENEFIT PACKAGE.				
8800 35 FURTHER PROCESSING NECESSARY,			8800	35	FURTHER PROCESSING NECESSARY				
8800 35 FURTHER PROCESSION RECESSARY, PLEASE CHECK FOR CLAIM ON				33					
FUTURE RA'S.	-								

	1	T		T			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNTL HLTHC							
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC	21	223	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		5308	128	PRIOR AUTHORIZED UNITS EXCEEDE	2	444	3032	2588
				D				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				3.112				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	86	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	r roc mybb							
		8800	15	FURTHER PROCESSING NECESSARY,				
		8800	15	PLEASE CHECK FOR CLAIM ON	0	104	136	32
				FUTURE RA'S.				
		8505	2	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET	1			
3404934	ONSLOW CARTERET	8599	63	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8952	55	CLAIM DENIED DUE TO AGE RESTRI	0	250	1252	1002
				CTIONS FOR TARGET POPULATION				
		8535	35	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
				FIDEAGE RESUBMIT THE CHAIM WITH				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
					+			
3404937	THE BEACON CENT	8933	12	ADTNC INELIGIBLE TO RECEIVE SE				
	ER			RVICES IN IPRS.				
		191	7	CLIENT ID NUMBER DOES NOT MATC	12	33	2363	2330
			-	H PATIENT NAME				
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		+						
24040		0534	505					
	EAST CAROLINA B EHAVIORAL H	8534	586	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
	MAY LORAL R			PROVIDER. PLEASE VERIFY THE F	1			
		9500	220	DESTALL NOT COMPUTED BY COMPUTED				
		8599	238	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	1131	3934	2803
				BENEFIT PACKAGE.				
		120	237	CLIENT ID NUMBER MISSING OR IN				
		1		VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		<u> </u>	<u> </u>					
		0	0		0	0	0	0
							0	
3404942		0	0	*** NO DATA TO REPORT ***				
	EAST CAROLINA B EHAVIORAL H	 	-	Sam to an out				
		i .	1	İ.	1	1	1	1
		0	0					_
		0	0		0	0	0	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME	2020	Dantinao	DEGGET TON	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	5404	18	SEVERE DUPLICATE: SAME ATTD PR				
	L HEALTH CE			OV/PCODE/TOS/DOS/MOD				1
		8599	16	DETAIL NOT COVERED BY COMBINAT			1210	1000
		0377	10	ION OF RECIPIENT, PROVIDER AND		4 90	1310	1220
l				BENEFIT PACKAGE.				-
				BENEFII PACKAGE.				
		11	14	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944		8533	42	SERVICE FACILITY LOCATION CANN				
3101311	EASTPOINTE HUMA	0333	***	OT BE AN ATTENDING PROVIDER				
	N SERVICES			IDENTIFIED AS AN INDIVIDUAL.				
				IDENTIFIED AS AN INDIVIDUAL.				-
		8505	12	CLAIM DENIED DUE TO INSUFFICIE		2 59	931	. 872
				NT BUDGET				
		79	3	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8599	85	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	24	CLIENT ID NUMBER DOES NOT MATC		0 118	466	348
				H PATIENT NAME		- 110	100	310
		21	5	DUPLICATE OF CLAIM-SYSTEM				